



MALARIA CASE SURVEILLANCE REPORT

Department of Health and Human Services, Centers for Disease Control and Prevention
Division of Parasitic Diseases (MS F-22), 4770 Buford Highway, N.E.
Atlanta, Georgia 30341



State Case No:

DASH No:

Case No:

County:

Form Approved

OMB 0920-0009

Patient name (last, first):

Date of symptom onset of this attack (mm/dd/yyyy): ____/____/____

Physician name (last, first):

Telephone Number: () _____ - _____

Age (yrs): ____ (mos): ____ Sex: ☐ Male

Date of Birth: ____/____/____ ☐ Female

Is patient pregnant? ☐ Yes ☐ No

Race/ethnicity:

☐ White ☐ Asian/Pacific Islander
☐ Black ☐ American Indian/Alaska Native
☐ Hispanic ☐ Unknown/Not specified

Lab results:

☐ Smear positive ☐ Smear Negative ☐ No Smear Taken

Species (check all that apply):

☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined

Laboratory name:

Telephone Number: () _____ - _____

State/territory reporting this case: _____

Patient admitted to hospital: ☐ Yes ☐ No

Hospital: _____

Date: ____/____/____ Hospital record #: _____

Specimens being sent to CDC? ☐ Yes ☐ No

If yes: ☐ Smears ☐ Whole Blood ☐ Other: _____

Has the patient traveled or lived outside the USA during the past 4 years? ☐ Yes ☐ No If yes, specify:

Country:

1. _____ 2. _____ 3. _____

Date returned/arrived in U.S. (mm/dd/yyyy): ____/____/____

Duration of stay in foreign country (days): _____

Did patient reside in U.S. prior to most recent travel?

☐ Yes, for >=12 months

☐ Yes, for <12 months

☐ No, (specify country): _____

☐ Unknown

Principal reason for travel from/to U.S. for most recent trip:

☐ tourism ☐ visiting friends/relatives ☐ student/teacher
☐ military ☐ airline/ship crew ☐ other: _____
☐ business ☐ missionary or dependent
☐ Peace Corps ☐ refugee/immigrant

Was malaria chemoprophylaxis taken? ☐ Yes ☐ No

☐ chloroquine ☐ mefloquine ☐ doxycycline ☐ primaquine ☐ Malarone™ ☐ Other: _____

Were all pills taken as prescribed?

☐ Yes, missed no doses

☐ No, missed one to a few doses

☐ No, missed more than a few but < half of the doses

☐ No, missed half or more of the doses

☐ No, missed doses but not sure how many

☐ Don't know

If doses were missed, what was the reason?

☐ Forgot

☐ Didn't think needed

☐ Had a side effect (specify): _____

☐ Was advised by others to stop

☐ Prematurely stopped taking once home

☐ Other (specify): _____

History of malaria in last 12 months (prior to this report)? ☐ Yes ☐ No

If yes, species (check all that apply): ☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined

Date of previous illness: ____/____/____

Blood transfusion/transplant within last 12 months: ☐ Yes ☐ No

If yes, date: ____/____/____

Clinical complications for this attack: ☐ cerebral malaria ☐ ARDS ☐ none
☐ renal failure ☐ anemia ☐ other: _____
(Hb<11, Hct<33)

Was illness fatal: ☐ Yes ☐ No ☐ Unknown

If yes, date of death: ____/____/____

Therapy for this attack (check all that apply):

☐ chloroquine ☐ tetracycline/doxycycline ☐ mefloquine ☐ exchange ☐ unknown
☐ primaquine ☐ quinine/quinidine ☐ pyrimethamine-sulfadoxine ☐ transfusion ☐ other (specify): _____
☐ Malarone

Person submitting report: _____

Affiliation: _____

Telephone No.: _____

Date: ____/____/____

For CDC Use Only. ☐ Classification ☐ imported ☐ induced ☐ introduced ☐ congenital ☐ cryptic

Public reporting burden of this collection of information is estimated to average 15 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Rd., NE (MS D-24); Atlanta, GA 30333; ATTN: PRA (0920-0009).